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CONFIRMATION NO. 4101

<b>SERIAL NUMBER</b> 10/813,568	<b>FILING OR 371(c) DATE</b> 03/29/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1639	<b>ATTORNEY DOCKET NO.</b> 14095.1USI1
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**APPLICANTS**

Robert E. Carlson, Minnetonka, MN;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/244,727 09/16/2002 and is a CIP of PCT/US03/05328 02/19/2003  
 and claims benefit of 60/459,062 03/28/2003 ABN  
 and claims benefit of 60/499,776 09/03/2003 ABN  
 and claims benefit of 60/499,975 09/03/2003 ABN  
 and claims benefit of 60/500,081 09/03/2003 ABN  
 and claims benefit of 60/526,511 12/02/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 06/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 42	<b>TOTAL CLAIMS</b> 82	<b>INDEPENDENT CLAIMS</b> 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

23552

**TITLE**

Artificial receptors, building blocks, and methods

<b>FILING FEE RECEIVED</b> 1326	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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